

Reviewing a Trauma Chart: A Different Type of Prevention Activity

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General Tips

- Goal: Prevention of bad practices/outcomes in the future
- The sooner, the better – if you review a case at committee 6 months after the events, people will not remember the specifics and will care less than if the review had been more timely
- This is not just about extracting data for the Registry...it's about evaluating the care delivered to the patient
- Don't miss the forest for the trees...you must consider the big picture: how did this flow, were reasonable decisions made and were ATLS guidelines followed?
- It's not about how the patient did, it's about how we did
- Start by presuming that the system failed, not a person

General Tips

- Start from the start, not with the Discharge Summary
- Start with an open mind – don't pre-judge the case
- Take notes as you go
- Know what you're looking for - be systematic (assess the chart, don't read it like a book from start to finish)
- Have a list of audit filters to track in sight – this includes ACS as well as hospital-specific filters (these should be evaluated annually, based upon the previous year's performance)
- Have a list of complications to track in sight
- What's your impression...should someone else look at this? "How does it smell?"

Evaluating EMS Care

- Scene time
- Appropriateness of Code 1 or Code 3 transport
- Resource allocation – was transport per appropriate agency with appropriate personnel?
- If multiple patients involved, triage decisions
- Transport to appropriate facility?
- Adequate notification of receiving facility?

Evaluating EMS Care

- Clarity, legibility and completeness of documentation
- Adherence to PHTLS guidelines...was the care rendered appropriate?
- Is there documentation of reasons for outliers (prolonged scene time, lack of immobilization, lack of intubation in patient with GCS <8, etc.)?



Evaluating ED Care

- Appropriateness of ED activation call
- Clarity, legibility and completeness of documentation
- Assessment findings, including temp, GCS and pain
- Is there documentation of appropriate response to changes in condition? Were treatments appropriate?
 - Patient becomes increasingly tachycardic &/or hypotensive...what was done in response? (crystalloids, blood products, to CT/Specials, to OR, call for transport, etc.)
- Adherence to ATLS guidelines...was the care rendered appropriate?

Evaluating ED Care

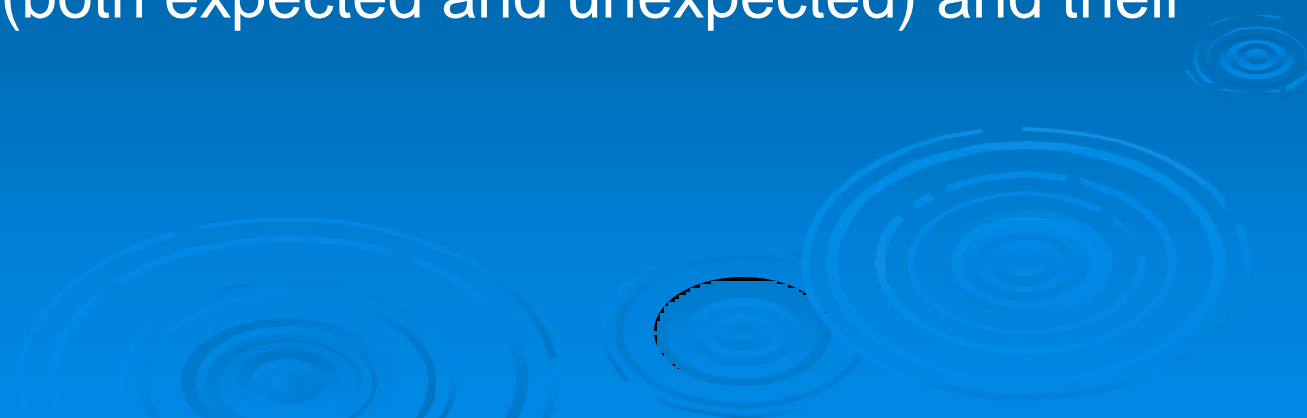
- Is there documentation of reasons for outliers (delay to OR, return to ED from X-ray, prolonged ED dwell time, etc.)?
- Are all procedures documented?
- Are medication administrations and their effect documented?
- Is I & O documented?
- Review all physician notes/dictations - how does their initial impression compare with the eventual outcome?

Evaluating ED Care

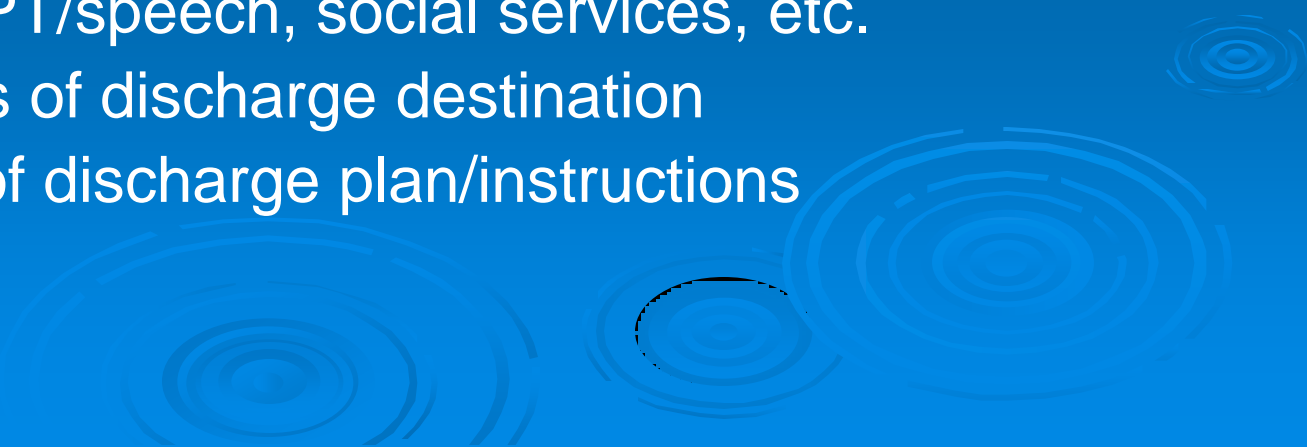
➤ Documentation specifics: the types of data needed for evaluating Audit Filters

- Was appropriate activation called?
- Time of patient arrival
- Physicians' times of arrival
- Serial vitals, including GCS and temp (and warming measures if cold)
- Patient movement times: to CT, X-ray, return to ED and why, ED disposition (and where)
- Any delays and the reasons for them
- Overall ED dwell time
- Time of call for transport to another facility

Evaluating Post-ED Care

- Were all appropriate MDs involved in a timely manner?
 - Did they stay involved for an appropriate amount of time?
 - Were there pre-existing conditions of significance?
 - Missed injuries &/or unplanned returns to the OR - (Was an assessment missed? Were appropriate diagnostics employed?)
 - Complications (both expected and unexpected) and their treatment
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Evaluating Post-ED Care

- Timeliness of therapies (PEG, trach, fracture stabilization, etc.)
 - Appropriateness of ongoing diagnostics (serial head CT, CXR, H & H, etc.)
 - DVT prophylaxis
 - Antibiotic administration
 - Timeliness of involvement of support personnel: physiatrist, OT/PT/speech, social services, etc.
 - Appropriateness of discharge destination
 - Completeness of discharge plan/instructions
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How Do I Remember All This?

Components of the “Poster Dummy Board”

- Screen F4.4 and 4.5: ACS/JCAHO Filter Questions
- Screen F6.2: ACS Complications
 - List of Miscellaneous and Provider Errors/Delays
 - List of Standard Complications to Track
- List of current hospital Audit Filters

What Next?

- Ask, “What is to be accomplished by pursuing this?”
- Most charts have no issues requiring follow-up
- Some findings need only be trended (e.g., inadequate documentation of temperature)
- Is this a provider or system issue (or both)?
- The incidence of all issues trended should be included in an annual PI report – in other words, it’s not enough to just say we’re going to trend the incidences of inadequate documentation of temperature, you actually have to do it

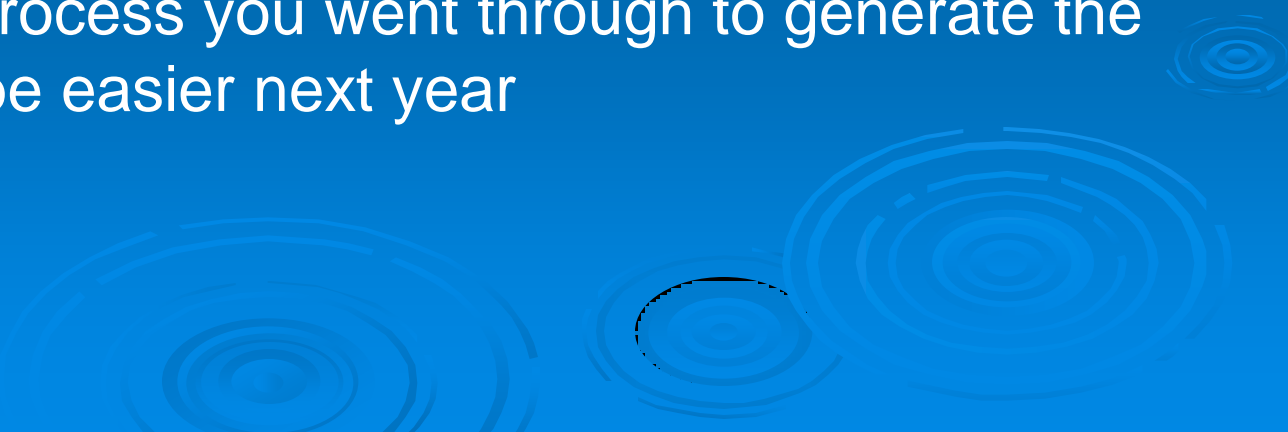
What Next?

- Some charts must be reviewed by a physician
 - May think no follow-up needed
 - May wish to speak with one or more providers
 - May wish to write a letter
 - May need review at committee (Medical Staff, Trauma, ED, Ortho)
 - May need review with EMS
 - May need review at RTAC
 - May need to be sent out for review
 - May illustrate need for new policy/protocol
 - May illustrate need for education

What After What Next?

- Whatever your intervention, it must be documented
 - If you use Collector/Outcomes, some needs to go there
 - Have MD write note about conversation s/he had
 - Include copy of any correspondence
 - If PowerPoint presentation done, print a copy and include it
 - If outside review utilized, include copy of their impressions
 - If new policy/protocol developed, include it and a description of the process leading to its implementation (sources utilized, reviewed by, approved by which committees, explanation of roll-out process, etc.)
 - If educational module provided, include a printed copy along with attendance rosters

What After What Next?

- Should have filing system that has separate file for “pending” charts...pending medical director review or presentation at a meeting or conference
 - Should generate reports on incidence of audit filters
 - Should ask providers and administrators what information they would like
 - Document the process you went through to generate the report so it will be easier next year
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How Do I Remember Which Charts and Issues Need to be Reviewed Where?

“The Bigger Mylar Dummy Board”

EMS	RTAC	Ortho	ED	Trauma
Issues	Issues	Issues	Issues	Issues
Cases	Cases	Cases	Cases	Cases

Summary

- The sooner the review, the better
 - Be thorough and systematic
 - Keep an open mind – don't pre-judge the case
 - Start with the presumption that the system failed, not a person
 - This is rarely a punitive process – “Pobody's Nerfect!!!”
 - It's all about the next one
 - Figure out a system that works for you
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